

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: <u>0 2 — 0 2 1</u>	2. STATE: Iowa
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE July 1, 2002	

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN      ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN      ☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431, Subpart M	7. FEDERAL BUDGET IMPACT: a. FFY <u>02</u> \$ <u>0</u> b. FFY <u>03</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.16-A, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.16-A, pages 1 & 2; supplement 6 to Attachment 4.16-A, pages 1 - 4. supplement 11 to Attachment 4.16-A, pages 1 - 10; supplement 15 to Attachment 4.16-A, pages 1 - 6 and supplement 17 to Attachment 4.16-A, pages 1 - 9

10. SUBJECT OF AMENDMENT:  
Removal of cooperative agreements from the state plan pursuant to March 18, 2002 letter from Kansas City Regional CMS office.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT      ☐ OTHER, AS SPECIFIED:  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:  


13. TYPED NAME:  
Jessie K. Rasmussen

14. TITLE:

15. DATE SUBMITTED:  
9-11-02

16. RETURN TO:

17. DATE RECEIVED: 9/11/02	18. PLAN APPROVED (ONE COPY ATTACHED): 07/01/02
19. TYPED NAME: Thomas M. Lenz	20. TYPED NAME: ARA for Medicaid & State Operations
21. REMARKS: [Handwritten notes and signatures]	

COOPERATIVE AGREEMENTS

The following cooperative agreements are contained in this attachment.

Supplement 1	Iowa Department of Inspections and Appeals for certification of health facilities.
Supplement 2	Iowa Department of Public Health as Title V grantee.
Supplement 3	Iowa Department of Public Health for the coordination of the Early Periodic Screening, Diagnosis, and Treatment Program.
Supplement 4	The University of Iowa Child Health Specialty Clinics for assessment and care coordination for children applying for the Home-and Community-Based Services, Ill and Handicapped Waiver.
Supplement 5	Iowa Department of Education, Division of Rehabilitation Services as vocational rehabilitation agency.
Supplement 7	Iowa Department of Education, Division of Vocational Rehabilitation Services for disability determinations.
Supplement 8	Iowa Department of Public Health for matching data files.
Supplement 9	Iowa Department of Public Health for prenatal care outreach.
Supplement 12	Iowa Department of Public Health for enhanced obstetric discharge planning for Medicaid-eligible mothers.
Supplement 13	State authority concerned with mental disease for PASARR services.
Supplement 14	The University of Iowa Hospitals and Clinics, Hospital School, and Department of Pediatrics for Medicaid administration.
Supplement 16	The University of Iowa Child Health Specialty Clinics for EPSDT children.
Supplement 18	University of Iowa Hospitals and Clinics, Department of Obstetrics and Gynecology, for prevention of premature births and short-term and long-term morbidity and mortality.

---

TN No.	<u>MS-02-21</u>	<b>OCT 25 2002</b>	
Supersedes TN No.	<u>MS-00-7</u>	Approval Date	Effective Date

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 0 2 1

2. STATE:

Iowa

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431, Subpart M

7. FEDERAL BUDGET IMPACT:

a. FFY 02 \$ 0  
b. FFY 03 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.16-A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Attachment 4.16-A, pages 1 & 2; supplement 6  
to Attachment 4.16-A, pages 1 - 4. supplement  
11 to Attachment 4.16-A, pages 1 - 10;  
supplement 15 to Attachment 4.16-A, pages 1 - 6  
and supplement 17 to Attachment 4.16-A, pages  
1 - 9

10. SUBJECT OF AMENDMENT:

Removal of cooperative agreements from the state plan pursuant to March 18, 2002 letter from  
Kansas City Regional CMS office.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL

*Jessie K. Rasmussen*

13. TYPED NAME:

Jessie K. Rasmussen

14. TITLE:

16. RETURN TO:

15. DATE SUBMITTED:

9-11-02

FOR REGIONAL OFFICE USE ONLY	
DATE RECEIVED	DATE APPROVED
07/19/02	
PLAN APPROVED - ONE COPY ATTACHED	
DATE OF APPROVAL	SIGNATURE OF REGIONAL OFFICIAL
07/01/02	<i>Thomas M. Lenz</i>
TYPED NAME	TITLE
Thomas M. Lenz	Acting Director
REMARKS	
Rasmussen Anderson CO	

COOPERATIVE AGREEMENTS

The following cooperative agreements are contained in this attachment.

Supplement 1	Iowa Department of Inspections and Appeals for certification of <b>health</b> facilities.
Supplement 2	Iowa Department of Public Health as Title V grantee.
Supplement 3	Iowa Department of Public Health for the coordination of the <b>Early Periodic Screening, Diagnosis, and Treatment Program</b> .
Supplement 4	The University of Iowa Child Health Specialty Clinics for <b>assessment</b> and care coordination for children applying for the Home-and Community-Based Services, Ill and Handicapped Waiver.
Supplement 5	Iowa Department of Education, Division of Rehabilitation Services as vocational rehabilitation agency.
Supplement 7	Iowa Department of Education, Division of Vocational <b>Rehabilitation</b> Services for disability determinations.
Supplement 8	Iowa Department of Public Health for matching data files.
Supplement 9	Iowa Department of Public Health for prenatal care outreach.
Supplement 12	Iowa Department of Public Health for enhanced obstetric discharge planning for Medicaid-eligible mothers.
Supplement 13	State authority concerned with mental disease for <b>PASARR services</b> .
Supplement 14	The University of Iowa Hospitals and Clinics, Hospital School, and Department of Pediatrics for <b>Medicaid administration</b> .
Supplement 16	The University of Iowa Child Health Specialty Clinics for <b>EPSDT</b> children.
Supplement 18	University of Iowa Hospitals and Clinics, Department of Obstetrics and Gynecology, for prevention of premature births and short-term and long-term morbidity and mortality.

---

TN No. MS-02-21Supersedes TN No. MS-00-7Approval Date OCT 25 2002

Effective Date \_\_\_\_\_